Summary
This case study revisits Shrewsbury and Telford Hospitals NHS Trust, who developed a patient panel throughout 2013 after attending a HQIP workshop. They won the PPI and clinical audit award at the HQIP 2014 conference and this case study reviews their progress since then. The patient panel is now established, and is patient-led, with admin support from the team, and guidance available when requested. The Panel have completed one full audit project, focussing on discharge. This included completion of the audit cycle by carrying out the audit, recommending changes and re-auditing. They have also carried out other projects of their own and supported Trust audit projects. The Trust is grateful for the impact of their work to improve quality.

Background
The clinical governance manager at the hospital Trust initially wrote a paper outlining the proposal, along with a patient and public involvement policy, for consideration by the board. Following approval, the panel was set up. The clinical governance manager carried out interviews and recruited 12 members, providing training.

Four years on, as panel members have left, members of the current panel have been involved in recruiting new members.

The panel has been involved in a variety of Trust audit work, and have developed competence and confidence, in carrying out audit projects. The panel completed their first audit project during 2014/15, focussing on patient discharge. Panel members were involved in all aspects of the project from designing the audit aims and criteria, through to data analysis and presentation of results at Trust committees. At the end of 2015, following implementation of recommendations by the Trust, the panel re-audited showing improvements.

Aims
- To coach the panel to independence
- To reap the rewards of patient-led improvement
- To enable panel members to share their individual skills and expertise

Objectives
- To support and guide the patient panel to be able to take forward their own quality improvement agenda and work plan
- To enable the patient panel to undertake their own audit projects independently, from start to finish
- To discover, understand and utilise the range of skills of the panel

Approach
The patient panel carried out an audit of the Trust discharge process independently. They:
- Designed the question set

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• Told wards they were coming along
• Sat with patients and explained who they were and what they were doing
• Asked patients to complete their questionnaires on the discharge process
• Analysed the data using MS Excel
• Put the data into a Powerpoint presentation demonstrating what they did, their findings, conclusions and highlighting potential changes required
• Presented the work at Trust committees to enable discussion and the next steps to be taken

**Challenges**

• As they aren’t licensed staff members, panel members were unable to access the Trust questionnaire design scanning equipment, so Trust staff members scanned in the questionnaire design for them, and panel members were then set up to scan completed questionnaires and gather data.

• Staff needed to remember that patient panel members are unpaid volunteers, as they must be to remain independent in their advocacy for service-users

**Outcomes**

• The independent audit of the Trust discharge process carried out by the patient panel focused on aspects of care the Trust would not previously have considered; the Trust tended to focus more on meeting standards from the Trust policy, while the patient panel focused more on the patient experience, how things feel, and practical issues associated with discharge from hospital

• The patient panel had a great response rate for both the audit and the re-audit, better than is usually achieved. This was attributed to them being “patients talking to patients”

• The audit template developed by the patient panel was so comprehensive it is now used as a template for junior doctors, and for clinical audit training

• More members have been recruited to the panel and two current panel members took part in the interview process

• The clinical governance manager rarely needs to provide input to the work of the panel now, as they are confident to meet with Trust staff

• Following the success of the discharge audit, the panel were approached by the Therapies Team to support them in an audit. This project looking at how therapists are perceived by patients was completed and has resulted in new written patient information being produced by the Therapists to raise awareness of their role. A second project with the Therapists is now underway.

• The panel has also carried out an audit of patient care in hospital, which was presented to Trust meetings and committees. Work is underway to make improvements, prior to re-audit.

• Patient panel members have been fantastic at publicising the work of the Trust, particularly when things have gone well, and one member has set up a Twitter account to share progress

**Conclusion**

The clinical audit patient panel has gone from strength-to-strength and are a valuable resource for ensuring the patient point of view is reflected in the services delivered by the Trust.

The speed with which the panel has become independent is testament to careful set up and training, and supporting the panel to explore its own approach. Investing time to thoroughly nurture the panel from the start has been worthwhile.

As a result of their success, the clinical governance manager is considering widening the remit of the panel to become a ‘quality improvement patient
panel, to be involved in quality improvement projects other than clinical audit.

The Trust is extremely thankful for the enthusiastic commitment the panel has shown in supporting the development of services, and grateful for the positive impact of the results of their work to improve quality and patient experience.

Feedback
“The patient panel runs itself – which we feel is due to the care taken through set-up, and training provided for members.”

“Quality improvements achieved through the patient panel have been considerable – we just wish we’d set it up sooner!”

Sally Allen, Clinical governance manager

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